serving as a control. Albumin produces a cloud or precipitate in the boiled tube. Before testing, the urine must, of course, be perfectly clear; if necessary, shake it with Kieselguhr and filter. If the acetic acid causes a cloud in the cold (nucleo-albumin), it is cleared by filtration before boiling. With an alkaline urine, acidulate slightly to prevent the precipitation of the phosphates, or, if a precipitate of phosphates appears when the urine has been treated with acetic acid and boiled, a few more drops of the dilute (20 per cent.) acid may be added to dissolve it. This will not redissolve even a slight albuminous cloud, provided the urine is not boiled again. Glaesgen has compared the test performed in this way (1) with the usual method, *i. e.*, boiling the urine and then adding dilute acetic acid; (2) with the acetic acid and potassium ferrocyanide test; and (3) with Heller's test. He used urines with known albumin content and diluted them with urine which was negative to Spiegler's reagent. He found that the test as described would detect albumin in a dilution of about 1 to 180,000, the heat and acetic acid test in 1 to 130,000, acetic acid and potassium ferrocyanide, 1 to 70,000 after standing some time, and Heller's 1 to 35,000. In no case where physical examination of the patient did not reveal an adequate cause for a trace of albumin was the test positive. He therefore thinks it does not react to the minute quantity of albumin present in normal urine. When a patient is on a milk diet, the urine may be so poor in salts that a trace of albumin may be missed with this test. But the addition of sodium chloride obviates this difficulty.

Salvarsan Milk.—JESIONEK (*Münch. med. Woch.*, 1911, lviii, 1169) has observed cases similar to those of Taege, Duhot, and others, in which the suckling infant of a syphilitic mother was apparently cured of lues following the administration of salvarsan to the mother. Unlike previous observers, however, Jesionek has demonstrated arsenic in the milk of the syphilitic mother after treatment with salvarsan. He believes the benefit to the infant may be due quite as much to the arsenic as to the antibodies in the milk. Furthermore, there is the possibility that the milk may contain endotoxins. To eliminate antibodies and endotoxins, the author injected salvarsan intravenously into a goat and used the milk, which, however, did not yield an arsenic mirror, as food for a child of five years suffering with acquired lues. There were marked lesions of the skin and mucosæ, including condylomata. The child received no other treatment. There was a rapid and complete symptomatic cure coincident with the taking of the milk.

A Blood Counter for Leukocytes and Cytodiagnosis.—R. DUNGER (*Münch. med. Woch.*, 1911, lviii, 1131) has enlarged the ruled area of the hemocytometer so that it covers forty-nine instead of nine square millimeters. He used the Türck ruling. The chief advantage of the counter is in cases with marked leukopenia and in the cytodiagnosis of serous fluids, especially cerebrospinal fluids, in which the cells are few in number. The apparatus is made by Zeiss.

On New Characteristics of the Urine in Health and Disease.—H. PRIBRAM (*Deutsch. Arch. f. klin. Med.*, Leipzig, 1911, cii, 457) has made interesting observations, injecting various portions of normal and pathological urines into rabbits and noting the effects. He finds (1) that the injection of urine gives rise to the formation of hemolysins, precipitins, and complement binding antibodies in the serum of the injected animal. The precipitin formation is always more marked with the injection of normal urines than with albuminous; the fixation of complement, on the other hand, is greater when one uses albuminous urines for injecting the experimental animals. (2) The injection of urinary sediment and of the alcohol-ether insoluble portion of the non-dialyzable fraction ("lysogenous substance") of the urine produce the same changes in the serum of the injected animal as described under (1). (3) The "lysogenous substance" contains the normal urinary albumin and a number of other substances. In chronic nephritis this fraction is practically normal, whereas in acute nephritis its increase runs parallel to the amount of albumin. (4) Both qualitative and quantitative examination of this fraction show that its chief constituents are not albuminous. (5) The substances in the urine which act as antigen probably arise in the renal cells. (6) The urine is markedly toxic. The same is true of the lysogenous substance and of the sediment. Repeated injections seem to raise the resistance of the animal to the poisoning. (7) The symptoms of uremia are possibly due to a retention of the toxic bodies contained in the lysogenous substance. (8) The "Mörner fraction" of the urine contains traces of lysogenous bodies, but no precipitin or complement binding antigens, and is not toxic to animals. In the examination of the urine of 50 patients with hypertension, the usual heat and acetic acid test showed a trace of albumin in 15, the acetic acid and heat in 36 cases. In other conditions with a trace of albumin similar results were secured with the two methods of employing acetic acid.

The Acetonitryle Reaction in Basedow's Disease.—G. Ghedini (*Wien. klin. Woch.*, 1911, xxiv, 736) has made an experimental and clinical study of the acetonitryle reaction of Reid Hunt. The latter found that the feeding of thyroid to white mice greatly increased their resistance to the poisonous effects of acetonitryle. Ghedini has used the blood of patients with a variety of diseases as food for mice. It is of interest that in three well-marked cases of Basedow's disease the reaction was strongly positive, whereas in two doubtful cases (formes frustes) the resistance of the mice remained unchanged.

The Wassermann Reaction in Lead Poisoning.—A. Dreyer (*Deut. med. Woch.*, 1911, xxxvii, 786) has examined sera from a number of cases of lead poisoning. Of 35 cases of plumbism, 4 gave a positive Wassermann reaction; 25 were tested according to Stern's modification of the Wassermann technique, and of these, 12 were positive. The positive cases gave no history of syphilitic infection nor could signs of lues be found on physical examination. The author believes the positive reactions were due to the lead poisoning *per se* and not to a latent lues.

A Urinary Reaction in Progressive Paralysis.—H. M. Stucken (*Münch. med. Woch.*, 1911, lviii, 855) has repeated the work of Butenko, who found that the urine of patients suffering with progressive paralysis gave a characteristic reaction with liquor Belostii. Stucken finds the